## ATTENTION-

₹ailure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden

hours per form



# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY				
Prefix		Serial		
DA	TE RECEIV	'ED		

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)  Series B Preferred Stock Financing
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) ☐ ULOE
Type of Filing:  New Filing  Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Voxify, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code)  1420 Harbor Bay Parkway, Alameda, CA 94502  (Number and Street, City, State, Zip Code)  (510) 749-7805
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  (if different from Executive Offices)
Brief Description of Business Voiced Based Technology
Type of Business Organization
⊠ corporation  □ limited partnership, already formed  □ other (please specify):
□ business trust □ limited partnership, to be formed
Month Year MOCEON
Actual or Estimated Date of Incorporation or Organization:  1 2 0 0 ☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

A.	BASIC IDENT	TIFICATION D	ATA.

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

<ul> <li>Each executive officer and director of co</li> <li>Each general and managing partner of p</li> </ul>		te general and managing partn	ers of partnership is	suers; and
Check Box(es) that Apply:  Promoter	⊠ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Shana'a, Adeeb W. M.				
	nd Street, City, State, Zip Code	e)		
c/o Voxify, Inc., 1420 Harbor Bay Parkw	vay Alamada CA 94502			
Check Box(es) that Apply:   Promoter	⊠ Beneficial Owner			☐ General and/or
	·			Managing Partner
Full Name (Last name first, if individual)				
Desai, Amit				
Business or Residence Address (Number and	nd Street, City, State, Zip Code			
c/o Voxify, Inc., 1420 Harbor Bay Parkw	ay, Alameda, CA 94502			
Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Nguyen, Patrick				
	nd Street, City, State, Zip Code	e)		
c/o Voxify, Inc., 1420 Harbor Bay Parkw	av Alameda CA 94502			
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or
		<u> </u>		Managing Partner
Full Name (Last name first, if individual)				
Bahles, Shanda				-
Business or Residence Address (Number an	nd Street, City, State, Zip Code	e)		
c/o El Dorado Ventures, 2884 Sand Hill	Road, Suite 121, Menlo Par	k, CA 94025		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Reed, Amanda				
Business or Residence Address (Number at	nd Street, City, State, Zip Code	2)		
c/o Palomar Venture Partners, L.L.C., 1	00 Hamilton Avenue, Suite	150. Palo Alto. CA 94301		
Check Box(es) that Apply:	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			,	
El Dorado Ventures* 1				
	nd Street, City, State, Zip Code	<u>e)</u>		
c/o El Dorado Ventures, 2884 Sand Hill	Road Suite 121 Monto Po	rk CA 94025		
	ank sheet, or copy and use addi		necessary.)	
(030 01.		·		
	A. BASIC IDENT	IFICATION DATA		

<sup>&</sup>lt;sup>1</sup> Shares are held by the following funds affiliated with El Dorado Ventures: El Dorado Ventures VI, L.P. and El Dorado Technology '01, L.P. 555390.01

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:  Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Palomar Ventures II, L.P.				
Business or Residence Address (Number a	and Street, City, State, Zip Code	)		
c/o Palomar Venture Partners, L.L.C.,	18881 Von Karman Avenue,	Suite 960, Irvine, CA 9261	2	
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Tobiason, Thomas H.				
Business or Residence Address (Number a	nd Street, City, State, Zip Code	)		
c/o Heller Ehrman/Venture Law Group,	, 2775 Sand Hill Road, Menlo	Park, CA 94025		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)	,			
Venuto, Stephen J.				
Business or Residence Address (Number a	and Street, City, State, Zip Code	)		
c/o Heller Ehrman/Venture Law Group,	, 2775 Sand Hill Road, Menlo	Park, CA 94025		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Heibel, Gregory W.				
Business or Residence Address (Number a	and Street, City, State, Zip Code	)		
c/o Heller Ehrman/Venture Law Group,	2775 Sand Hill Road, Menlo	Park, CA 94025		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Snell, Carol				
Business or Residence Address (Number a	and Street, City, State, Zip Code	)		
260 Gish Road, San Jose, CA 95112				
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Zip Code	>)		
(Lise blan	nk sheet, or copy and use addition	anal conies of this sheet, as no	ecessary)	

B. INFORMATION ABOUT OFFERING		
	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		$\boxtimes$
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$_80,00	00.00
3. Does the offering permit joint ownership of a single unit?	Yes ⊠	No □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commis-		
sion or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)	<u></u>	
Name of Associated Broker or Dealer	~	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	□ All	States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[ ID ] [ MO ]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[ PA ] [ PR ]	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	□ Ali	States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ ID ]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[ MO ] [ PA ]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [WA] [WV] [WI] [WY]	[PR]	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	□ All	States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[ ID ] [ MO ]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[ PA ] [ PR ]	
	, J	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \Pi\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt......\$\_ \$ 5,624,999.72 □ Common ⊠ Preferred Convertible Securities (including warrants) Partnership Interests **\$\_\_\_\_\_\_** Other (Specify \_\_\_\_\_ ) ..... Total ..... \$5,624,999.72 \$5,624,999.72 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors Accredited Investors... \$5,624,999.72 Non-accredited Investors ..... Total (for filings under Rule 504 only) \$ 5,624,999.72 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Type of Offering Security Amount Sold Rule 505..... Regulation A Total ..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... Legal Fees \$ 75,000.00 $\times$ Accounting Fees. Engineering Fees. Sales and Commissions (specify finders' fees separately).....

Total .....

X

\$ 75,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Other Expenses (identify)

	C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPENSES AND	<b>USE OF PROCI</b>	EEDS
	b. Enter the difference between the aggregate off tion 1 and total expenses furnished in response to P the "adjusted gross proceeds to the issuer."			\$ <u>5,549,999.72</u>
5.	Indicate below the amount of the adjusted gross procused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issuer set for above.	for any purpose is not known, furnish an e. The total of the payments listed must		
			Payments Officers, Directors, Affiliates	& Payments to
	Salaries and fees		<b>\$</b>	\$
	Purchase of real estate		<b>\$</b>	\$
	Purchase, rental or leasing and installation of machin	ery and equipment	<b>\$</b>	\$
	Construction or leasing of plant buildings and facility	es	<b>\$</b>	\$
	Acquisition of other businesses (including the value that may be used in exchange for the assets or see merger)	curities of another issuer pursuant to a	□ \$	\$
	Repayment of indebtedness		<b>\$</b>	\$
	Working capital		<b>\$</b>	<u>\$ 5,549,999.72</u>
	Other (specify):		\$	\$
			<b>\$</b>	\$
	Column Totals	.,	<b>\$</b>	<u>0</u> × \$ <u>5,549,999.72</u>
	Total Payments Listed (column totals added)		$\boxtimes$	\$ 5,549,999.72
_		D. FEDERAL SIGNATURE		
		D. TEDERAL STONATORE		
llo	issuer has duly caused this notice to be signed by the wing signature constitutes an undertaking by the issuer staff, the information furnished by the issuer to any no	to furnish to the U.S. Securities and Excl	nange Commission	n, upon written request
su	er (Print or Type)	Signature		Date
′ох	ify, Inc.	Mapl		October 5, 2004
an	e of Signer (Print or Type)	Title of Signer (Print or Type)		
ire	gory J. Heibel	Assistant Secretary		
		ATTENTION		
	······································	- ATTENTION		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

# APPENDIX

Intend to sell an to non-accredited of investors in State off	De of security d aggregate fering price Fered in state art C-Item 1)  Number of Accredite d Investors	amount pur (Part Amount	investor and rchased in State C-Item 2)  Number of Non-Accredited Investors	Amount	under Sta (if yes explan waiver (Part E	lification ate ULOE , attach ation of granted) -Item 1)
State Yes No	of Accredite d		Non-Accredited			
;   ! !				The state of the s	Yes	No
AL						
AK .				_		
AZ						
AR						
Stock	s B Preferred 3 , , ,49,999.72	\$ <u>5,549,999.72</u>	0	N/A		Х
СО						
СТ						
DE						
DC						
FL						
GA						
н						
ID						
IL						
IN						
IA						
KS						
КУ						
LA						,
ME						
MD						
MA						
MI						
MN						
MS						
МО						